

☐ Add Deposit ☐ Change Deposit ☐ Stop Deposit

State Form 47551 (2/96)



STATE OF INDIANA AUTOMATED DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Instructions:

1. Requester will complete the first section and have their bank/credit union complete Section 2.
2. The bank/credit union will complete Section 2 and return to the requester.
3. Requester and depository should retain a copy. Additional blank copies are available from Office of Claims Management. Phone (317) 232-1196

Name of Vendor/Claimant who prepared this request	
Work Phone: _____	
Name: _____	Home Phone: _____
Please fax the completed application to:	ATTN: Access to Recovery (317) 233-5660 (fax)

SECTION 1: REQUEST AND AUTHORIZATION

Vendor/Claimant as shown on the account	Federal ID Number / Social Security Number
Address (Number and Street, and/or PO Box No.)	City, State and ZIP Code (00000-0000)

Requests, pursuant to IC 4-8.1-2-7(d), to receive payments(s) by means of an electronic transfer of funds, and authorizes the same under the terms stated herein.

It is understood by the undersigned Vendor/Claimant that, if approved, the Auditor of State may authorize the Treasurer of State to: (1) initiate credit (deposits) in various and varying amounts, by electronic transfer of funds through automated clearing house (ACH) processes, to the below listed checking (*demand*) or savings account designated in the depository named below, and, (2) *if necessary*, to initiate debit entries or adjustments **solely to correct any credit error resulting from a deposit/credit entry that was made under this authorization.** The vendor/claimant may revoke or cancel this request and authorization by notifying the Auditor of State in writing at least fifteen (15) days prior. **Any change** to the account or to a new financial institution will require a **new** State of Indiana Automated Direct Deposit Authorization Agreement. Failure to timely notify the Auditor of an account change will delay payment.

Name of Depository: _____

Type of Account: ☐ Checking (*Demand*) ☐ Savings

Depository Account Number: _____

_____	_____
Date	Signature of Vendor/Claimant

SECTION 2: DEPOSITORY'S APPROVAL

The above is satisfactory and the undersigned designated depository agrees to accept such automated deposits.

Name of Depository: _____ Phone: () -

Address: _____
(Number and Street, and/or PO Box No.) (City, State, and ZIP Code (00000-0000))

_____	_____
Date	Depository's Authorized Signature

_____	_____
ABA Transit-Routing Number	Title